



PTO/SB/51 (12-97).

Approved for use through 9/30/00. OMB 0651-0033

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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR	93698 <b>-</b> us
As a below named inventor, I hereby declare that:  My residence, post office address and citizenship are stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5.818.839, granted October 6, 1998, and for which a reissue patent is sought on the invention entitled	
was filed on October 5, 2000 as reissue application nu and was amended on (If applicable)	umber 09 / 679,192
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)	
X by reason of a defective specification or drawing.	
by reason of the patentee claiming more or less than he had the right to claim in the patent.	
by reason of other errors.	
At least one error upon which reissue is based is described as follows:	
The specification in the issued patent is defective at column 3, line 1 in that a cell is transmitted from the VC which is scheduled at that time and the statement "that VC is rescheduled for a later time slot in the calendar" is in error.	
Additionally the patentee claimed less than he had the right to claim in the patent.	
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) 93698-US All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Name(s) Registration Number George M. MacGregor 37,547 Richard Mitchell 34,519 Correspondence Address: Direct all communications about the application to: Place Customer Number Bar Customer Number Code Label here OR Type Customer Number here Marks & Clerk Firm or Individual Name Address P.O. Box 957 Address City State ZIP Ottawa K1P 5S7 Country Canada Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Sterne Inventor's signature Young Post Office Address Citizenship 3P8 Full name of second joint inventor (given name, family name) Inv#ntor's signature Date Full name of third joint inventor (given name, family name) Joey M.W. Chow Inventor's signature Date Citizenship Post Office Address KZG. 3P6. NEPEAN, ON, Additional joint inventors are named on separately numbered sheets attached hereto.